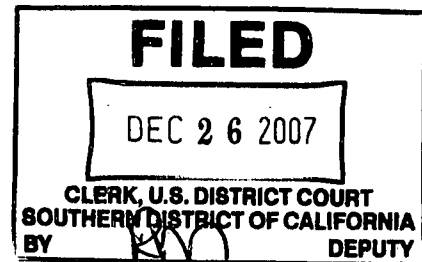
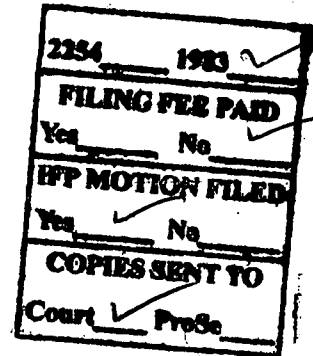


La Madrid, Diego Henry  
 PLAINTIFF/PETITIONER/MOVANT'S NAME  
 P-98764 in CIM  
 PRISON NUMBER  
 MIElm Hall 175  
 P.O. Box 500, Chino CA 91708  
 PLACE OF CONFINEMENT

ADDRESS



United States District Court  
 Southern District Of California



'07 CV 2434 JM NLS

Civil No.

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

La Madrid, Diego Henry  
 Plaintiff/Petitioner/Movant

v.

Ca Dept. of Corrections +  
 Bd of Prison Terms Defendant/Respondent

MOTION AND DECLARATION UNDER  
 PENALTY OF PERJURY IN SUPPORT  
 OF MOTION TO PROCEED IN FORMA  
PAUPERIS

I, La Madrid, Diego H.

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

- Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)  
 If "Yes," state the place of your incarceration Currently in CIM ; Mininum elm hall 175  
 Are you employed at the institution? ☐ Yes ☒ No  
 Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. \_\_\_\_\_

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. \_\_\_\_\_

3. In the past twelve months have you received any money from any of the following sources?:

- |   |   |
|---|---|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Spousal or child support                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. \_\_\_\_\_

4. Do you have any checking account(s)? ☐ Yes ☐ No

a. Name(s) and address(es) of bank(s): \_\_\_\_\_

b. Present balance in account(s): \_\_\_\_\_

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): \_\_\_\_\_

b. Present balance in account(s): \_\_\_\_\_

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed? \_\_\_\_\_

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. \_\_\_\_\_

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. NONE

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): Have  
bills but do not know right now how much.

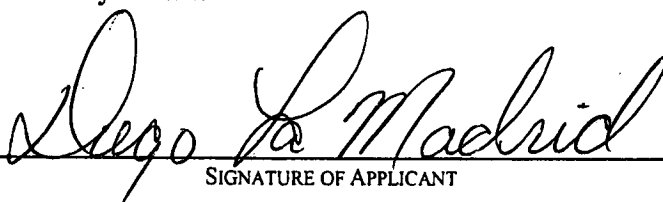
10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): None

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. \_\_\_\_\_

**I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.**

October 10 , 2007

DATE



SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

**PRISON CERTIFICATE**  
**(Incarcerated applicants only)**  
 (To be completed by the institution of incarceration)

I certify that the applicant La Madrid , Diego H.  
 (NAME OF INMATE)

P-98764 is CDC number.  
 (INMATE'S CDC NUMBER)

has the sum of \$ 0 on account to his/her credit at CIM.  
 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities \_\_\_\_\_  
 to his/her credit according to the records of the aforementioned institution. I further certify that **during**  
**the past six months** the applicant's *average monthly balance* was \$ 0,  
 and the *average monthly deposits* to the applicant's account was \$ 0.

**ALL PRISONERS *MUST* ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT**  
**STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD**  
**IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).**

10-31-07  
 DATE

Luz Manaois  
 SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Luz Manaois  
 OFFICER'S FULL NAME (PRINTED)

Account clerk II  
 OFFICER'S TITLE/RANK

**TRUST ACCOUNT WITHDRAWAL AUTHORIZATION**  
**(Incarcerated applicants only)**

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

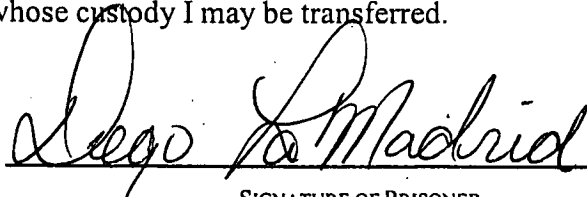
I, La Madrid, Diego Henry, request and authorize the agency holding me in  
(Name of Prisoner/ CDC No.)  
custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is <sup>BOTH or</sup> ~~either~~ ☒ \$250 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

October 10, 2007

DATE



SIGNATURE OF PRISONER

Diego La Madrid

REPORT ID: TS3030 .701

REPORT DATE: 10/31/07

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
 CALIF. INSTITUTION FOR MEN  
 INMATE TRUST ACCOUNTING SYSTEM  
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: OCT. 01, 2007 THRU OCT. 31, 2007

ACCOUNT NUMBER : P98764

BED/CELL NUMBER: MIEN00000000175L

ACCOUNT NAME : LANADRID, DIEGO

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

## TRUST ACCOUNT ACTIVITY

TRAN							
DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
10/01/2007		BEGINNING BALANCE					0.00
10/17	D320	TRUST FUNDS T 2234/RJD			2.32		2.32
10/25	W502	POSTAGE CHARG 2453/ENULP				1.00	1.32

## CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
10/25/2007	H110	COPIES HOLD	2445/COPY	16.20
10/25/2007	H110	COPIES HOLD	2445/COPY	12.70

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	2.32	1.00	1.32	28.90	0.00

CURRENT  
AVAILABLE  
BALANCE

27.58-



THE WITHIN INSTRUMENT IS A CORRECT  
 COPY OF THE TRUST ACCOUNT MAINTAINED  
 BY THIS OFFICE.  
 ATTEST: 10-31-07  
 CALIFORNIA DEPARTMENT OF CORRECTIONS  
 BY Manal  
 TRUST OFFICE



REPORT ID: TS3030 701

REPORT DATE: 10/31/07

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
R. J. DONOVAN CORR. FACILITY  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAR. 01, 2007 THRU OCT. 31, 2007

ACCOUNT NUMBER : P98764

BED/CELL NUMBER:

ACCOUNT NAME : LAMADRID, DIEGO

ACCOUNT TYPE: Y

PRIVILEGE GROUP:

TRUST ACCOUNT ACTIVITY

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
03/01/2007		BEGINNING BALANCE					11.70
03/28	W501	SHIPPING CHARGES	4040/UPS		4.18		7.52
04/09	W515	COPY CHARGE	4205/MAR07		2.20		5.32
04/09	W515	COPY CHARGE	4205/MAR07		1.00		4.32
04/09	W515	COPY CHARGE	4205/MAR07		2.00		2.32
04/11	FC04	DRAW FAC &	4241/F42ND		2.00		0.32
05/08	FR01	CANTEEN RETUR	604698		2.00		2.32
10/11	W610	TRANSFER OF Y	1911/CIM 015129612		2.32		0.00

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
11.70	0.00	11.70	0.00	0.00	0.00

CURRENT  
AVAILABLE  
BALANCE

0.00



THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.  
ATTEST: *10/31/07*  
CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY: *[Signature]*



REPORT ID: TS3030 701

REPORT DATE: 10/31/07

CALIFORNIA DEPARTMENT OF CORRECTIONS

RJ DONOVAN CORR. FACILITY

INMATE TRUST ACCOUNTING SYSTEM

INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAR. 01, 2007 THRU OCT. 31, 2007

TOTAL NUMBER OF STATEMENTS PRINTED: 1

TOTAL CURRENT BALANCE FOR ALL THE STATEMENTS: 0.00